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In order for your request to be processed in a timely manner, the **sections referenced below must be completed on the accompanying form.**

Section A	<ul style="list-style-type: none"> • Name of Annuitant or Insured • Contract / Policy Number
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Section B	Check the appropriate box in this section for Owner, Annuitant, Insured, Assignee or Duplicate Notice Recipient. Include the Name, Address and Telephone.
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Section C	<p>Ownership signature requirements are based on the owner designation of the contract/policy numbers. Examples are:</p> <ul style="list-style-type: none"> • Individual: Print and sign your full name as it appears on the contract/policy. • Multiple Owners: <u>All</u> owners must sign. • Collateral Assignee: Assignee(s) must sign in addition to the owner on the Owner signature lines and indicate "Collateral Assignee". • Partnership: <u>All</u> partners must sign (unless a form authorizing one partner to sign is on file with us). • Trust: All of the current trustees must sign. • Corporation: Titled officer must sign. The officer's title must also be indicated. <p>NOTE: In general, the annuitant/insured should not sign as officer. We ask an additional titled officer sign if the signing officer is effecting a change for his or her personal benefit.</p> <p style="text-align: center;"><i>Form must be signed and dated in order to process your request.</i></p>
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Contact Information	<p>Regular Mail: PO Box 22012 Albany, NY 12201-2012</p> <p>Overnight Mail: 15 Tech Valley Drive, Suite 201 East Greenbush, NY 12061-4142</p>	<p>Phone: (800) 628-1936 (Traditional Life) (800) 541-0171 (Variable Life & Annuity)</p>	<p>FAX: (321) 400-6318 (Traditional Life) (321) 400-6316 (Variable Life) (321) 400-6317 (Variable Annuity)</p>
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NASSAU RE

Nassau Life and Annuity Company
Nassau Life Insurance Company
PHL Variable Insurance Company
Nassau Life and Annuity Insurance Company
PO Box 22012, Albany, NY 12201-2012

Address Change

A. Annuitant or Insured Information

Name of Annuitant or Insured	Contract / Policy Number
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B. Change of Address

I, _____ Contract Policy Owner, am requesting the following address change:
(Print Name of Owner)

Change address for (check one): Owner Annuitant Insured Assignee Duplicate Notice Recipient

Name _____
(Print)

Address _____
(Number and Street)

(City) (State) (ZIP Code)

Telephone _____
(Home - include area code) (Work - include area code)

C. Signature and Date

Signed at _____ on _____
(City and State) (Date)

Signature of Owner _____

Signature of Joint Owner (if any) _____

Complete ONLY if form is being modified after the original sign date.

I CERTIFY that this form was modified by me, the Owner on ___/___/___/. Sign below (If Non-Individual, include the capacity in which you are signing). Signature: _____